

Department of **Environmental Protection**

Lawton Chiles Governor

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Virginia B. Wetherell Secretary

October 4, 1996

Mr. Oscar A. Sarmiento President Voque 1 Hr. Cleaners 9877 Southwest 184 Street Miami, Florida 33157

Dear Mr. Sarmiento:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

Mr. Ewart Anderson, Dade County

0250732

P.14

1. (c) Should not be marked

3. new small area source
Should be marked

P.15

4. New small r. c.
Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	SARLAZ INT. INC - O						
2.	Site Name (For example, plant name or number):						
	VOGUE 1Hr. CLEANERS						
3.	Hazardous Waste Generator Identification Number:						
4.	Facility Location: 9877 SW 184 ST. Street Address:						
	City: Miani County: DAGE Zip Code: 33157						
- 3600							
Э.	Facility Identification Number (DEP Use):						
	FLD 984187344 0250732						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	OSODE A. SARMIEUTO - PRESIDENT						
7.	Responsible Official Mailing Address: Organization/Firm:						
	Street Address: 9877 SW 184 ST						
	City: Miami County: DADE Zip Code: 33157						
8.							
	Telephone: (805)254-6639 Fax: () -						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
	SAME OF ABOVE						
10.	Facility Contact Address:						
	Street Address:						
	City: Zip Code:						
11.	Facility Contact Telephone Number:						
	Telephone: () - Fax: () -						

RECEIVED

AUG 3 0 1996

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Time of Mashina	ın	Date Machine Initially	Date Control Device	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Type of Machine	lD	Purchased	Installed	ID	Purchased	installed	עו	Purchased	instaned
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit				1 1 1	i hai i	e per la			
(1) w/ ref. condenser	# 1	1-05-95	1-05-95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit					F 75 (25) (2)			term alternit	in the factor of
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					in the Granget	The second of th			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls						1			
Reclaimer Unit		Parti di danggan		i di		lga a a	1.5	Transport	in one
(10) w/ ref. condenser		1							
(11) w/carbon adsorber									
(12) w/ no controls									-
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are re luanti gallo	equired to be ity of perchloons ow many? [_	installed [× perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines pursus (Indicate with an "X".) 	ant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber Refr	igerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser	
Machine is Already self contained.	an enclosed unit
5. A facility which contains non-exempt emissions units s to Rule 62-213.300, F.A.C. Verify that all steam and hot vexemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more than	gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Re	ecordkeeping Information
Check all logs which are required to be kept on-site in acc	ordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[_X_]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	g <u> </u>
(e) Instrument calibration	[X]
(f) Start-up, shutdown, malfunction plan	[X]

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. 8 - 26 - 96

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THE CLEAN

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE INSP	ECTION	CHECKLIST	BE	
TYPE OF INSPECTION:	ANNUAL	X	COMPLAINT	DISCOVERY	F .
	RE-INSPECTION				
				Dile S	in the second
AIRS ID#: 0250732 DA	ATE: 3/30/00	TIME	IN: //:00am	<i>-</i>	1:30m
FACILITY NAME: V09	10 1 Hone		leaners	Mg Mg	
FACILITY NAME: VO		184			
	Mani, Fi	3	31517		
RESPONSIBLE OFFICIAL : _	Alex Lapez		PHONE 130	5) 254-	<i>Ub3</i> 9
CONTACT NAME:			PHONE:		
ì		-			
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30	days prior to startup				
2. Facility failed to notify DARM	to use general permit				
			<u>`</u>		
PART II: CLASSIFICATION					
Facility indicated on notification	form that it is:		☐ No notificat	ion form out of business/pe	troloum
(check appropriate box) A.			a Drop store/c	out of business/pe	aroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr			area source /, x < 140 gal/yr	× ×	
transfer only, $x < 200$ gal/yr			$\kappa < 200 \text{ gal/yr}$		
both types, x < 140 gal/yr		• •	140 gal/yr		
(constructed before 12/9/91)	(coi	istructed or	or after 12/9/91)	=	1
3. Existing large area source	□ 4. l	New large	area source		
dry-to-dry only, $140 \le x \le 2,100$			y , $140 \le x \le 2,100$		
transfer only, $200 \le x \le 1,800 \text{ g}$ both types, $140 \le x \le 1,800 \text{ gal}$			200 ≤ x ≤ 1,800 ga 0 ≤ x ≤ 1,800 gal/y		
(constructed before 12/9/91)			n or after 12/9/91)	, 1	
5. This is a correct facility class	ification \Box Y	ПN	Can not dete	rmine	
If no, please check the app	propriate classification				
	qualified for a general		umber	above	·
☐ facility €	exceeds above limits a	nd is not el	gible for a genera	l permit	
B. The total quantity of perchloroe facility was Withwn gallons.	thylene (perc) purchas	ed within t	he preceding 12 m	onths by this dry	cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN XXIN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? MO Y 🗖 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? $\mathbf{\phi}_{\mathbf{A}}$ on on/a 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ūΥ	ПΝ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΩΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A
_				

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	□Y Σ τΝ
2. Maintained rolling monthly total of perc consumption?	
3. Maintained leak detection inspection and repair reports for the following:	•
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DYNA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON XN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DANA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XN/A
6. Maintained startup/shutdown/malfunction plan?	□Y PAN
7. Maintained deviation reports?	OY ON XIN/A
Problem corrected?	DY DN XXIA
8. Maintained compliance plan, if applicable?	DY DN XIN/A

PA	ART VI: LEAK DETECTION AND F	REPAI	RS				
1.	Does the responsible official conduct a	weekly	y (for	small sources, b	oi-weekly) leak detection a	nd rep	air
	inspection?					ΠY	ЖN
2.	Has the facility maintained a leak log?					ΠY	МX
3.	Does the responsible official check the	followi	ing a	reas for leaks?	•		
	Hose connections, fittings, couplings, and valves	ΩY '	A IN	□N/A	Muck cookers	ΠY	ON MINIA
	Door gaskets and seating	ΠY	MN	□N/A	Stills	ΠY	MN DN/A
	Filter gaskets and seating	ΠY	MN	□N/A	Exhaust dampers	ΠY	DN/A
	Pumps	ΠY	ДVИ	□N/A	Diverter valves	ΠY	□N D\/A
	Solvent tanks and containers	ΠY	× M	CIN/A	Cartridge filter housings	ΩY	DN/A
	Water separators	ΠY	Ì⁄M	□N/A			
4.	Which method of detection is used by the	he resp	onsib	le official?			
	Visual examination (condensed so	olvent o	on ex	terior surfaces)	•	F)	
	Physical detection (airflow felt the	rough g	gaske	ts)			
	Odor (noticeable perc odor)						
	Use of direct-reading instrumenta	tion (F)	ID/PI	D/calorimetric t	ubes)		,
	Halogen leak detector						
	If using direct-reading instru	umenta	tion	, is the equipme	nt:	XN/	Α
	a. Capable of detecting p	perc va	por c	oncentrations in	a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a st (PID/FID only)?	tandard	l gas	prior to and after	r each use	ΠY	□N
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					□N ·	
	d. Kept in a clean and se	cure ar	ea w	hen not in use?	•	ΠY	N□N
	e. Verified for accuracy	by use	of du	iplicate samples	(calorimetric only)?	ΠY	□N

Inspector's Name (Please Print)

Inspector's Signature

3/30/00 Date of Inspection

Approximate Date of Next Inspection

Martha Lopey - new owner
Alex Lopey - manager

Never filled out a new initial notification form. No perc purchase receipts on site.

Not conducting recordkeeping. No secondary Containment for waste drums. Mr. Lopey says he cleaned out the still yesterday. There was a 5 gallon bucket 3/4 filled with the contents cleaned out from the Still. I directed Mr. Lopey to place that waste in drums and to in the juture to place the waste in drums immediately following still cleaning. Will forward this issue to 1W5.

Sarlac Intil Inc.

1

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:00 am TIME OUT: 11:5; TYPE OF FACILITY: Dere Dry Clea	5am_airs id#: 0250732
FACILITY NAME: VOQUE 1 Hour	Cleaners DATE: 3/30/00
FACILITY LOCATION: 9877 SW 184 S	St July 1
Miami FL 33	157
RESPONSIBLE OFFICIAL: Alex Lopes	PHONE NUMBER: (305) 254 - 14039
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Not mainting per purchase receipts on site for a minimum of 5	Reep percourchase receipts on site and maintain a 12 months rolli
years. No rolling log. logging	log of perc purchases (FDEP calendar
Not conducting + month or ma bi-weekly	
leak inspection.	Conduct a bi-weekly leak inspection and record results in FDEP calend
Not conducting + logging weekly	Conduct + record weekly refrigerate
temp. of outlet side of ret. condenser	condenser temp.
after an appropriate cooldown cycle.	1 C 1 1 Solven Con Con Con Con Con Con Con Con Con Co
New owner did not notify department of change in ownership	ent Submit initial notification form with a copy of bill of sale within 7 days.
•	
·	<u> </u>
COMMENTS: Waste drums not placed	d in secondary containment.
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NOX
DATE OF NEXT INSPECTION: 4/01	
	oproximate)
INSPECTION CONDUCTED BY:	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (305)372-6936
Page	of . Revised 10/96

AIRS ID#: <u>10250132</u>



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

11			
FACILITY NAME: V	ogue 1 Hour	Cleaners	date: <u>3/30/00</u>
FACILITY LOCATION:	9877 SW	184 St	
-	Miami FI	33157	
	- 1 (10010C, 1		_
Annual Reporting Period:	3	_1999 то	3 7000
Based on each term or conditi	on of the Title V general air permit,	my facility has remained in complia	nce with DEP Rule
62-213.300, Florida Administ	rative Code (F.A.C.), during the per	iod covered by this statement.	res No
If NO, complete the following	:		•
#1. Term or condition of the	general permit that has not been in o	ontinuous compliance during the rej	porting period stated above:
Deficient 1	ecordkeeping		
Exact period of non-complian	, 0	9/9810	3/2000
Action(s) taken to achieve cor	npliance: <u>Begin Kepi</u>	ng records =	
Method used to demonstrate of		calendar	
#2. Term or condition of the	general permit that has not been in o	ontinuous compliance during the re	porting period stated above
_	fy dept of ch		
	U	- 1 Cd	
Exact period of non-complian		9/98 to 3/2000	COPY OF
Action(s) taken to achieve con	npliance: Submit Inf	thai nothicandy) tov	m + bill of sal
Method used to demonstrate of	compliance: <u>forms</u>		
	• ••	and belief formed after reasonable i r, my annual consumption of perchlo	
	hase receipts, does not exceed 2,100	gallons per year for dry-to dry faci	
RESPONSIBLE OFFICIAL	<i>:</i>		
THE CHARACTER OF THE PARTY	Name (Please Print)	Signature	Date

Page	of
Page	01

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.





NOTICE OF VIOLATION

ENVIRONMENTAL RESOURCES MANAGEMENT 33 S.W. 2nd AVENUE MIAMI, FLORIDA 33130-1540

en de la companya de La companya de la co	MIAMI, FLORIDA 33130-1540 (305) 372-6789
TO: Aex Lopey	
ADDRESS: 9877 SW 184	St
SOURCE/LOCATION: VOQUE 1 Hour	- Cleaners
YOU ARE HEREBY NOTIFIED that on	
Operating without an Air Permit	Excessive Visible Emissions
Uncontrolled fugitive particulates	Improper handling/removal of asbestos
Non-compliance with Stage II Vapor Recovery	Non-compliance with CFC regulations OTHER OTHER
Specifically: Yerc Dry Cleaner (air General Permit PartIIGXK air records of all monitoring data
The responsible official chall ver	ain records of all monitoring data
and supporting information for a	period of at least syxus.
In view of the above, and pursuant to the authority of Metropolitan Dade County Environmental Protection Ord	
Immediately upon receipt of this NOTIC Cease and Desist the above-referenced	Devi Durchase
you have taken to ensure that no furt	TICE, submit to this office in writing the steps which her violations will occur. Said report may include ents, or servicing performed to correct the violation.
□ Within days of receipt of this NC 372-6925 to discuss air permit requirem	OTICE, contact the Air Section of this Department at ents.
□ Within days of receipt of this NO discuss other Departmental permitting r	OTICE, contact Plan Review Section at 375-3330 to equirements.
Failure to comply with the above or continued operation enforcement and penalty provisions of Sections 24-55 at	
For further information regarding the above, please cont	act the Air Section of this office at 372-6925.
y # incl	Sincerely,
(305)372-6757	John W. Renfrow, P.E.
(A)	Director:
Received by	By: 134 DOVA CIVILLE
Tale. # 1/0 /s (1/0 /s)	Signature: 1 70 (4)





NOTICE OF VIOLATION

ENVIRONMENTAL RESOURCES MANAGEMENT 33 S.W. 2nd AVENUE MIAMI, FLORIDA 33130-1540 (305) 372-6789

Alex Langa	
TO: Alex Lope =	74 C+
ADDRESS: 9877 500 7	
	our Cleaners
YOU ARE HEREBY NOTIFIED that on	the following violation(s) of all Protection Ordinance, and/or regulations of the Floridated location by an official of this Department.
Operating without an Air Permit	Excessive Visible Emissions
Uncontrolled fugitive particulates _	Improper handling/removal of asbestos
Non-compliance with	Non-compliance with CFC regulations
Stage II Vapor Recovery	X OTHER
Specifically: Perc Dry Cleaner	air General Permit Part I(2)
Notification. Dia not give	e Dept. Notice of intent
to use permit.	
In view of the above, and pursuant to the auth Metropolitan Dade County Environmental Protection	ority granted to me by Sections 24-54 and 24-5(15)a, on Ordinance, I hereby order you to:
Immediately upon receipt of this I Cease and Desist the above-refer	NOTICE, initiate corrective measures to eliminate and/or enced violation(s).
you have taken to ensure that r	is NOTICE, submit to this office in writing the steps which to further violations will occur. Said report may include ljustments, or servicing performed to correct the violation.
□ Within days of receipt of the street	his NOTICE, contact the Air Section of this Department at quirements.
□ Within days of receipt of t discuss other Departmental permi	his NOTICE, contact Plan Review Section at 375-3330 to titing requirements.
Failure to comply with the above or continued op enforcement and penalty provisions of Sections 24	eration in violation of Chapter 24 shall subject you to the 1-55 and 24-56, Metropolitan Dade County Code.
For further information regarding the above, please	contact the Air Section of this office at 372-6925.
4 1-11-1151	Sincerely,
A A A A	John W. Renfrow, P.E.
D- ()	Director
Received by:	By Jebora, Trines
Title: Manage	Signature:
Date: 3/30/00	Section: Curtacilities

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

\mathbf{V}	/

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: <u>0250732</u> DATE: <u>2.24.97</u> TIME IN: <u>2:00 pm</u> TIME OUT: <u>2.</u> FACILITY NAME: Vogue I Hr. Cleanus	40 pm
FACILITY LOCATION: 9877 SW 184 St. Miami, H.	
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	9
2. New facility notified DARM 30 days prior to startup	
3. Facility failed to notify DARM to use general permit	

PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) 1. Existing small area source 2. New small area source dry-to-dry only, x<140 gal/yr dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, 140<x<2, 100 gal/yr dry-to-dry only, 140<x<2, 100 gal/yr transfer only, 200<x<1,800 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr both types, 140<x<1,800 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) This is a correct facility classification $\Box Y$ If no, please check the appropriate classification: facility qualified for a general permit as number 2 above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 30 gallons.

Revised 10/28/96

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON MINA				
2. Examining the containers for leakage?	DY ON DINA				
3. Closing and securing machine doors except during loading/unloading?	GA ON				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	מם אַם				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אואס אם אם				
The transfer of the control of the c					
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V.					
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).				
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).					
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	DY ON ON/A				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AINO NO YO				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OM ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	DY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ON ON				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	BOY ON				

D. Was the managerible official of a said:	
B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	. COMY COM
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	DY ON WA
Is the temperature differential equal to or greater than 20° F?	DY DN MA
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON DAVA
Is the perc concentration equal to or less than 100 ppm?	DY ON THA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY ON WA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DWA
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON DATA
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	_/_
1. Management to opposit per paromason.	DY ON
2. Maintained rolling monthly averages of perc consumption?	DY BY
	DY BY
2. Maintained rolling monthly averages of perc consumption?	DY DN WNA
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 	
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	OY, ON WA
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	DY DN WNA
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) 	DY DO ENA DY DO VO
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? 	OY ON ENA OY ON ONIA OY ON ONIA
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	OY ON ENA OY ON ONIA OY ON ONIA OY ON ON ONA OY ON ON ON ON
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? 	OY ON WINA OY ON ONIA OY ON WINA OY ON WINA
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	OY ON ENA OY ON ONIA OY ON DNA OY ON DNA OY ON DNA OY ON DNA
 Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	OY ON ENA OY ON ONIA OY ON DNA OY ON DNA OY ON DNA

		-					
2.	Which method of detection is used by t	he respons	sible official?				
	Visual examination (condensed solvent on exterior surfaces)				Φ/		
	Physical detection (airflow felt through gaskets)					1	
	Odor (noticeable perc odor)				U		
	Use of direct-reading instrumenta	ation (FID	/PID/calorim	etric tubes)			
	If using direct-reading instrum	entation,	is the equipn	nent:			
	a. Capable of detecting	perc vapo	r concentration	ons in a range of 0-500 ppm?	ם צם	N	
	b. Calibrated against a : (PID/FID only)?	standard g	as prior to an	nd after each use	ם צם	N	
	c. Inspected for leaks ar	nd obvious	signs of wea	r on a weekly basis?	OY O	N	
	d. Kept in a clean and s	ecure area	when not in	use?	OY ON		
	e. Verified for accuracy	by use of	duplicate san	nples (calorimetric only)?	OY O	N	
3.	Has the facility maintained a leak log?				DY D	N	
4.	Does the responsible official check the	following	areas for lea	ks?			
	Hose connections, fittings, couplings, and valves	, ex	ΩN	Muck cookers	DAY.	ΩΝ	
	Door gaskets and seating	<u>o</u> Y	ΠN	Stills	MY	ΩИ	
	Filter gaskets and seating	128 1	ПИ	Exhaust dampers	DY	ПΝ	
	Pumps .	DAA	ΠN	Diverter valves	OBY /	ОИ	
•	Solvent tanks and containers	D Y	ΩИ	Cartridge filter housings	DY	ПΠ	
l	Water separators	ΦY	NO				

OSCAR A. Saemien 70
Name of Responsible Official

ROSANA RIVERA
Inspector's Name (Please Print)

Date of Inspection

2.98

Inspector's Signature

Approximate Date of Next Inspection

AIRS 10#: 0250732



DRY CLEANER AIR QUALITY GENERAL PERMEDISION ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: V	ogue 14	2. Clesk	ers	DATE:	6/20/97
FACILITY LOCATION:	9877 Sh	2. Cless	_		!
	Mistri -	TC.	·		
			, 1		
Annual Reporting Period:	JANUARY	1996	TO Dece	mbr	1996
Based on each term or conditi 62-213.300, Florida Administ				<u> </u>	P Rule
If NO, complete the following	,		terroria regional surfacilità de l'este que	entra e la constitución de la cons	الاستعادية كالماسية الماسية ماليات ما
#1. Term or condition of the NO Start.	general permit that has a	own, ma January 19 Jostain	ompliance during	the reporting period	od stated above:
Exact period of non-complian	ce: from	January 10	196 to 1	ecember	1996 on
Action(s) taken to achieve por	mpliance; Wil	l obtain'	and	Keep the	above po
Method used to demonstrate of			· · · · · · · · · · · · · · · · · · ·		
#2. Term or condition of the	general permit that has i	not been in continuous co			
The second second second			1 . %	RECE	NED-
Exact period of non-complian	ice; from		to	F.1111 4	4007
Action(s) taken to achieve co	mpliance:			JUL 1	
Method used to demonstrate				Bureau of Air	Monitoring Sources
As the responsible official, I i made in this notification are upon rolling averages of pure year for transfer or combinat	true, accurate and comp chase receipts, does not d lon facilities.	lete. Further, my annua exceed 2,100 gallons per	l consumption of ryear for dry to d	perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL	. OSCAR A.	SARNIENTO		<u> </u>	6/20/97
in a company of the c	Name (Pleas	e Print)	Signah	ıre C	Date

DEPT. OF ENVIRONMENTAL 248955 RESOURCES MANAGEMENT (DERM) AIR QUALITY MANAGEMENT DIVISION 33 S.W. SECOND AVENUE, SUITE 900 MIAMI, FLORIDA 33130-1540

This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
TIME IN: 2:00 pm TIME OUT: 2:40p	m AIRS ID#: 0250732
TYPE OF FACILITY: Dry Cleaning for	relity
FACILITY NAME: Voque I Hour Cle	anels DATE: 2.24.97
FACILITY LOCATION: 9877 SW 184 ST	
Miani, FL.	
RESPONSIBLE OFFICIAL: OSCAR A. SARMIEN	70 PHONE NUMBER: 254-4639
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO STARTUP /SHUTDOWN/MALFUNCTION	must obtain said document
PLAN ON SITE.	and theep on site.
No perc log on SITE.	Meed to maintain a pur log with a rolling awage.
·	
<u> </u>	
COMMENTS:	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 298	
	oproximate)
	EPA
INSPECTOR'S SIGNATURE: Lasana	PHONE NUMBER: 372-6942

Page___of___.

Revised 10/96

APE ELA EEE S ÜS Postal Service Receipt for Certified Mail No Insurance Coverage Provided AIRS ID# 0250732 SARLAZ INT INC-O OSCAR A SARMIENTO 9877 SW 184 ST MIAMI FL 33157 \$, valage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form card to you. Attach this form to the front of the mailpiece, or on the b permit. Write 'Return Receipt Requested' on the mailpiece belo The Return Receipt will show to whom the article was di	oxiia iooj.
permit. White 'Return Receipt Requested' on the mailpiece belo the Return Receipt will show to whom the article was delivered.	the article number. 2. Restricted Delivery
3. Article Addressed to: AIRS ID# 02507 SARLAZ INT INC-O OSCAR A SARMIENTO 9877 SW 184 ST MIAMI FL 33157	4a. Article Number 2336/3398 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	Addressee's Address (Only if requested and fee is paid)

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DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT, OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR/STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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completed on the reverse side?	O) ado anua jo do] Jano auij je p SENDEI Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that card to you. Attach this form to the front of the mailpiece, or on the back if sp permit. Write 'Heturn Receipt Requested' on the mailpiece below the anti- The Return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to: AIRS ID#: 0250732	we can return this ace does not icle number. and the date	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Return Receipt Service.
ADDRESS c	SARLAZ INT INC-O OSCAR®SARMIENTO 9877 SW3184 ST MIAMITE 33157	☐ Register ☐ Express ☐ Retum Re 7. Date of D	Mail Insured cept for Merchandise COD	you for using
RETURN	5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)		
ls your	6. Signature: (Addressee of Agent) X Source Herrory PS Form 3811, December 1994		Domestic Return Receipt	

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID#: 0250732 SARLAZ INT INC-O OSCAR A SARMIENTO 9877 SW 184 ST MIAMI FL 33157 Certified Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

262715

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED MAIL ROOM

MAR -7 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0250732

SSRLAZ INT INC-O OSCAR A SARMIENTO 9877 SW 184 ST MIAMI FL 33157 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

N ADDRESS completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. White "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: AIRS ID 0250732 SARLAZ:INT INC-O OSCAR ASARMIENTO 9877 SW 184 ST MIAMI FL 33157	e does not e number. d the date 4a. Article N 4b. Service Registere Express	Type ed) Mail [ceipt for Merchandise [for an 's Address Delivery r for fee. Certified Certified Insured
Is your RETURN	5. Received By: (Print Name) 6. Signature:/(Addressee or/Agent) PS Form 3811 , December 1994	8. Addressed and fee is	e's Address (Only if r paid) Domestic Retur	requested yull

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9	SARLAZ INT INC-O OSCAR A SARMIENTO 1877 SW 184 ST MIAMI FL 33157		IRS ID 0250732
	Post Office, State, & ZIP Cod	de	
	Postage	\$	
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	Special Delivery Fee		
10	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
S	Postmark or Date		

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Z 333 61/3°505

US Postal Service Receipt for Certified Mail

AIRS ID# 0250732 VOGUE 1 HOUR CLEANERS OSCAR A SARMIENTO 9877 SW 184 ST **MIAMI FL 33157**

	Postage	\$
April 1995	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

nat we can return this space does not article number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery
	Consult postmaster for fee.
4b. Service ☐ Register ☐ Express	Type ed
8. Addresse and fee is	e's Address (Only if requested s paid)
	that we can return this is space does not article number. ed and the date 4a. Article N 4b. Service Register Express Return Re 7. Date of D

United States Postal Service

Print your name, address, and ZIP Code in this boy

DARM/MOBILE SOURCE CONTROL PROGRAMO
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



Department of Environmental Protection

Lawton Chiles Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Virginia B. Wetherell Secretary

LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- () 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- () 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- () 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either Sandra Bowman at 850/921-9583 or Rick Butler at 850/921-9586.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)	Signature

"Protect, Conserve and Manage Florida's Environment and Natural Resources'

Facility Owner or Operator Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

Sandra Bowman

Title V Air General Permit Program

/SB

cc: District/Local program

Perchloroethylene Dry Cleaning Facility Notification

Facility Namé and Location

	The state of the s					
1.	. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	SARLAZ INT. INC - O					
2.	Site Name (For example, plant name or number):					
	VOGUE 1Hr. CLEANERS					
3.	Hazardous Waste Generator Identification Number:					
4.	Facility Location: 9877 SW 184 ST. Street Address:					
	City: MIANI County: DADE Zip Code: 33157					
	PITALITY OF THE PITALITY OF TH					
5.	Facility Identification Number (DEP Use):					
	FCD 984/87344 0250432					
1001 42700						
	Responsible Official					
6.	Name and Title of Responsible Official:					
	OSCAR A. SARMIEUTO - PRESIDENT					
7.	Responsible Official Mailing Address:					
	Organization/Firm:					
	Street Address: 9877 SW 184 ST City: Miami County: DADE Zip Code: 33157					
8.	Responsible Official Telephone Number:					
	Telephone: 805)254-6639 Fax: () -					
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
	SAME as ABEVE					
10.	Facility Contact Address:					
	Street Address: City: County: Zip Code:					
	City. Zip Code.					
11.	Facility Contact Telephone Number:					
	Telephone: () - Fax: () -					

RECEIVED

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

AUG 3 0 1995

Bureau of Air Monitoring & Mobile Sources

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit					•				
(1) w/ ref. condenser	#1	1-05-95	1-05-95						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		•	•		•			•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			•		4 .			•	. :
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	٠.			1.0		1. 1.			
(10) w/ ref. condenser									
(11) w/carbon adsorber								1	
(12) w/ no controls									
(b) Control devices are(c) No control devices2.(a) What was the total of	are r	equired to be	installed [_	H.		n the latest 10) moi	nths?	
[50]	gallo	ons			, parenasea n	in the fatest 12	. 11101		
(b) If less than 12 month Check why it is less					_] New store	:: [] Did	not k	keep records:	
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (3) of	Part II?	
Existing small ar	ea so	urce 🐌 🤇	S. N	ew sn	nall area sou	rce [X] (O	خ.	
Existing large ar	ea soi	urce []	Ne	ew la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)						
Existing large area source Carbon adsorber [] Refrigerated condenser						
New small area source Refrigerated condenser [X] 0.5.						
New large area source Refrigerated condenser []						
Machine is already an endo self contained.	sed unit					
5. A facility which contains non-exempt emissions units shall not be eligible to to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units exemption criteria or that no such units exist on-site:						
All steam and hot water generating units on-site (1) have a total heat input of 10 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is f	s of natural gas curtailment					
All steam and hot water generating units exempt No such units on-site						
·						
Equipment Monitoring and Recordkeeping Inform	ation					
Check all logs which are required to be kept on-site in accordance with the requi	irements of this general permit:					
(a) Purchase receipts and solvent purchases	LX.					
(b) Leak detection inspection and repair	<u> </u>					
(c) Refrigerated condenser temperature monitoring	<u> </u>					
(d) Carbon adsorber exhaust perc concentration monitoring	[*]					
(e) Instrument calibration	<u> </u>					
(f) Start-up, shutdown, malfunction plan	<u> </u>					

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
Ä	No air permits currently exist for the operation of the facility indicated in this notification form.					
Responsible Official Certification						
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pro	mptly notify the Department of any changes to the information contained in this notification. S - Z6-96 Date					
	Signature DATE					
OSCAR SARMIENTO						

PERCHLOROETHYLENE DRY CLEANERS RECEIVED

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

OCT 28 טעעו

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCO BEREAU of APP Monitorin & Mobile Sources
	28 TIME IN: 11/30 TIME OUT: 11/45
FACILITY NAME: Voque 1 Hour	Clervers SW 184 th ST
FACILITY LOCATION: 9777 S	5W 184 ST
mia	mi
RESPONSIBLE OFFICIAL:	Loper PHONE: (305) 254-6639
CONTACT NAME: Sume	PHONE: Sime
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup
2. Facility failed to notify DARM to use general pe	ermit 🗆 🗎
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□N □Can not determine
p.	ication: eneral permit as number above imits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was gallons.	ourchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) AY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

condenser exceeded 45° F?

B.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩΥ	ΠN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F?	_	□N □N/A □N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?		□N □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?		ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N □N/A
P	ART V: RECORDKEEPING REQUIREMENTS		
ш	as the responsible official: heck appropriate boxes)		
	Maintained receipts for perc purchased?	QΥ	AY ON/A
2.	Maintained rolling monthly total of perc consumption?	ΩY	→
3.	Maintained leak detection inspection and repair reports for the following:		
	a. documentation of leaks repaired w/in 24 hrs? or;	QΥ	A/ND WA
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ΩY	ON ON/A

P	PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?		· .	≫ ⊃N				
2.	Has the facility maintained a leak log?			NC XO				
3.	Does the responsible official check the	following areas for leaks?)					
	Hose connections, fittings, couplings, and valves	ANO NO QO	Muck cookers	אאם אם 💫				
	Door gaskets and seating	DO ON ON/A	Stills	DA ON ON/A				
	Filter gaskets and seating	ON ON/A	Exhaust dampers	AND NO ANA				
	Pumps	DO ON ON/A	Diverter valves	AND NO YA				
	Solvent tanks and containers	ON ON/A	Cartridge filter housings	AN ON ONIA				
	Water separators	ON ON ON/A		-				
4.	Which method of detection is used by t	the responsible official?						
	Visual examination (condensed s	colvent on exterior surface	rs)	>				
	Physical detection (airflow felt th	nrough gaskets)		L				
	Odor (noticeable perc odor)							
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector							
	If using direct-reading instr	rumentation, is the equip	oment:	□N/A				
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	אם אם				
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON				
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON				
	d. Kept in a clean and s	secure area when not in us	se?	OY ON				
	e. Verified for accuracy	y by use of duplicate samp	oles (calorimetric only)?	OY ON				
ال	<u></u>							
_	M, tchell F.	shenD	9/2	9/128				
	Inspector's Name (Please Pri		Date of Inspection					
	Photo A Dally	\mathcal{N}^{\prime}	9/9	9				
-	Inspector's Signature		Approximate Date of	Next Inspection				

Herstech 480 bave DEP Cakader Gave DERM P2 Booklet

TYPE OF INSPECTION:	Дилина	COMPLA	INT/DISCOVERY [BEST AVAILABLE CO		
TIME IN: // 30	TIME OUT:		AIRS ID/	250732		
FACILITY NAME: VOS	4877 Istour	18 Garen	9		9/98	
RESPONSIBLE OFFICIAL:	Aley copez	-	PHONE NU	MBER: 305)75'-	56 39	
compliance with DEP	The compliance requirements Rule 62-213.300, Florida A	Administrative	Code (F.A.C.).		n	
discrepancies were no	UIREMENT/PROB	LEM ,		ACTION REQUIRE	ED	
Rolling	Log perc Racing	itsite	Use	Def Calend	lar	
Leak In & Mainte,	spections name Log Nutur	te	Maintain	all Paro, po	5	
		ger to their				
1			·		- da	C
:		-			j	N
					,	
COMMENTS:						
The Annual Compliance Certi	fication form/has been pro	nerly certified	and submitted to the	inspector. YES	NON	
DATE OF NEXT INSPECT	9/99	Appro	•			
NSPECTION CONDUCTE	ahit	(Pleasi	PHONE N	(305)37	12-6925	_
	μ	Pagco		OMDER.	Revised 10/96	

AIRS 1D#: 0250732

BEST AVAILABLE COPY

P. Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 1/0900 2 +	lour Changes		DATE: Th9/28
FACILITY NAME: JOSE 2 & FACILITY LOCATION: 9877 5	w 184487	_	
	7/0-	9-	tand a gal
Annual Reporting Period:	1919	ro II	19 18
Based on each term or condition of the Title V general 62-213.300, Florida Administrative Code (F.A.C.), d	•	Ċ	~
If NO, complete the following:			•
#1. Term or condition of the general permit that has Lawre to main kin holling. Exact period of non-compliance: from			v .
Exact period of non-compliance: from	9/9	7 to 9/48	
Action(s) taken to achieve compliance:	USE DE	P Calena	lar
Method used to demonstrate compliance:		·	
#2. Term or condition of the general permit that has Maintenance & Leak Exact period of non-compliance: from			
		•	RECEIVED
Action(s) taken to achieve compliance:	relocated for	Hurricane	OCT 2-7 1998
Method used to demonstrate compliance:			Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based of made in this notification are true, accurate and comfupon rolling averages of purchase receipts, does not year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Plea	splete. Further, my annua t exceed 2,100 gallons per つりとこ	l consumption of perchlo	roethylene solvent, based

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

RECEIVED PERCHLOROETHYLENE DRY CLEANERS 1999

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I Y P P.	UP	HXXI'E	C. I IC/IV

ANNUAL

AIT
IECKLIST

& Mof Air Monito Process

COMPLAINT/DISCOVIERS Ources

RE-INSPECTION

AIRS ID#: 250 732 DATE: 06 [15]	/99 TIME IN: 3:18pm TIME OUT: 3140pm
FACILITY NAME: Vogue 1 Ko	
FACILITY LOCATION: 9877 8.4	
Mian	
RESPONSIBLE OFFICIAL: MOX (Lapez PHONE: (305-)254-6639
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
. 1. New facility notified DARM 30 days prior to star	tup
Facility failed to notify DARM to use general per	mit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□N □Can not determine
facility exceeds above lim	eral permit as number above its and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pur	rchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DWYA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 2. Examining the containers for leakage? TOY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the . □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY OW
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	. LIV WINA
	or expansion; and downstream from no other inlet?	DY DN DAVA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN DYN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON DAVIA

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DYNA 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? DY ON DYNA 7. Maintained deviation reports? DY DN **Ø**N/A Problem corrected? DY ON DYNA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND F	REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?			ΩY	ŒN			
2. Has the facility maintained a leak log?			ΩY	ON			
3. Does the responsible official check the	following areas for leaks	?					
Hose connections, fittings, couplings, and valves	DAY ON ON/A	Muck cookers	φĄ	□N □N/A			
Door gaskets and seating	Y ON ON/A	Stills	tαγ	□N □N/A			
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	W Y	□N □N/A			
Pumps	MY ON ON/A	Diverter valves	.02/Y/	□N □N/A			
Solvent tanks and containers	MY ON DINA	Cartridge filter housings	1	□N □N/A			
Water separators	DY ON ON/A						
4. Which method of detection is used by the	e responsible official?		,				
Visual examination (condensed so	lvent on exterior surface	s)	Œ.				
Physical detection (airflow felt thr							
Odor (noticeable perc odor)	D						
Use of direct-reading instrumentat	Q						
Halogen leak detector							
If using direct-reading instru	mentation, is the equip	ment:	Ø N/A	L			
a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	□Y (µ⊓			
b. Calibrated against a st (PID/FID only)?	andard gas prior to and a	fter each use	□Y (⊐N			
c. Inspected for leaks and	l obvious signs of wear o	n a weekly basis?	□Y (אב			
d. Kept in a clean and see	OΫ́(אב					
e. Verified for accuracy l	by use of duplicate sampl	es (calorimetric only)?	□Y (אב			
	·						

Inspector's Name (Please Print)

Ob 15/99

Date of Inspection

Kirtal Jipon
Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	·
	•
	•
•	
	· · · · · · · · · · · · · · · · · · ·
•	•

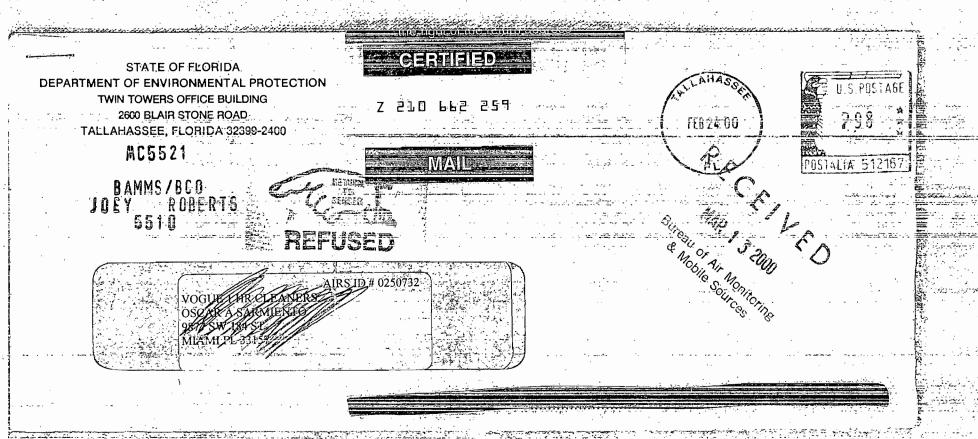
TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

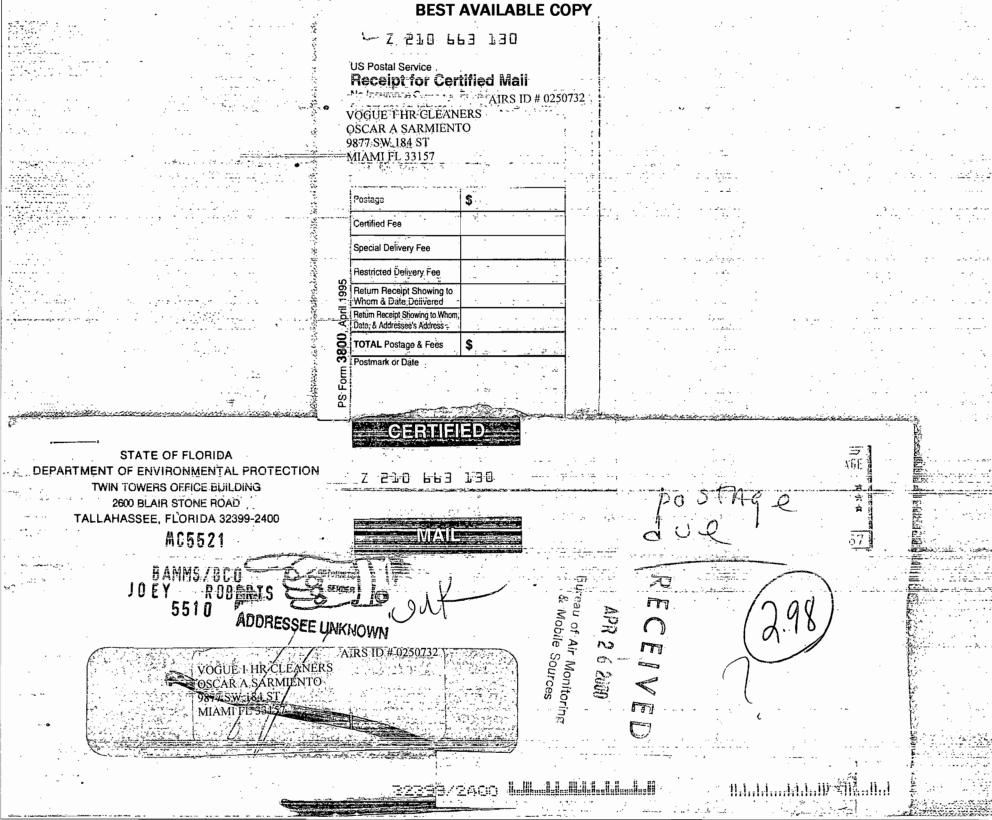
TYPE OF INSPECTION: ANNUAL COM	1PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3:18pmTIME OUT: 3:40	pmAIRS ID#: 250732
TYPE OF FACILITY: PERC DRY CLEAN	VERS
FACILITY NAME: Vogue 1 Hour C	leanes DATE: 06/15/90
FACILITY LOCATION: 9877 3. W. 184	leaners DATE: 06/15/99
Miani	
RESPONSIBLE OFFICIAL:	PHONE NUMBER (305-) 254-6639
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	ative Code (F.A.C.).
Based on the results of the compliance requirements evalua discrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Records not available	Moke records available
Records not avoilable for leak cheek + maintenance	
·	
COMMENTS:	
	
The Annual Compliance Certification form has been properly certification form has been properly certification.	ied and submitted to the inspector.
DATE OF NEXT INSPECTION: 06/2000	/
/ (Ap	proximate)
INSPECTION CONDUCTED BY: KPISTAL YU	PON
INSPECTOR'S SIGNATURE: Kurbal Yupon	ease Print) - PHONE NUMBER: 308 372 - 6925
Page	April Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

•			Č,	2 PA
FACILITY NAME: / OQUE	1 Hour (leaners.	PA NO OF TOA	TE 90 / 15/09
FACILITY LOCATION:	77 S.W. 184	tt 8t.		On The Control of the
FACILITY LOCATION: 957	hani FL	33157		<u>~~~~</u>
Annual Reporting Period:	9/28	1998 то	06/15	1999
Based on each term or condition of the 62-213.300, Florida Administrative Co If NO, complete the following:				h DEP Rale NO
n 110, complete the following.				
#1. Term or condition of the general p	ermit that has not been in	n continuous compliance	e during the reporting	period stated above: not-amilable
7,000,000		J 	1 Grands	,
Record for C Exact period of non-compliance: from Action(s) taken to achieve compliance:	09/28	-/98 to	06/1	8/99
Action(s) taken to achieve compliance:	Make rees	nds availe	ble on si	le .
Method used to demonstrate compliance				
#2. Term or condition of the general p	ermit that has not been in	n continuous compliance	e during the reporting	period stated above:
Exact period of non-compliance: from		to	,	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance	e:			
As the responsible official, I hereby cer made in this notification are true, accu upon rolling averages of purchase rece year for transfer or combination facilit	rate and complete. Furl	her, my annual consum	ption of perchloroethy	lene solvent, based
RESPONSIBLE OFFICIAL:	Name (Please Print)	2 /1)	(Signature	Date

^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label. 465554 NOV27 2006 OTAL AMOUNT DUE: \$50.00 FLAIR ACCT. CODE 372020350013755010000 **BENIFITTING OBJECT CODE 002000** Do NOT Remove Label **BENIFITTING CATEGORY 000200** AIRS ID# 250732 1st **VOGUE 1 HR CLEANERS** 9877 SW 184 St FŐR'GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1 MIAMI, FL 33157 FUND: 20-2-035001 **OBJECT: 002273**

Printed on recycled paper.



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 454520 AUG18 2005

Please include your AIRS ID# on your check or money order. This number is located on they mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0250732.....2nd Cert 05 VOGUE 1 HR CLEANERS 9877 SW 184 St MIAMI, FL 33157 FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.

0 0004 6986 5821	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee	MAIL REC	Coverage Provided)
7004 25I	Sent To VOG 9877	L 3 ID# 250732 3 rd (UE 1 HR CLEAN SW 184 St MI, FL 33157	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to:	D. Is delivery address different from item 1?	
AIRS ID# 250732 3 rd Cert04 VOGUE 1 HR CLEANERS 9877 SW 184 St	9. 	
MIAMI, FL 33157	3. Service Type D Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number, 7004 2510 0004 6986 5821		
PS Form 3811, February 2004 Domestic Retu	um Receipt 102595-02-M-1540	

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZEP+4 in this box •

Sold of Air Monitoring & Mobile Sources

DEPT. OF AIR MONITORING & MOBILE SOURCES

DEPT. OF ENVIRONMENTAL PROTECTION OF COMMANDERS OF COMMENTAL PROTECTION OF COMENTAL PROTECTION OF COMMENTAL PROTECTION OF COMMENTAL PROTECTION

239946542

31,34	U.S. Postal Service™ CERTIFIED MAIL™ REC (Domestic Mail Only; No Insurance Co	overage Provided)
3939	For delivery information visit our website a	USE
2000	Postage \$ Certified Fee	
	Return Receipt Fee (Endorsement Required)	Postmark Here
2510	Restricted Delivery Fee (Endorsement Required)	
	Total Postana & Fees	
7004	Sent To AIRS ID#02507322 nd Cert 0 VOGUE I HR CLEANERS	5
~	Street, Ap 9877 SW 184 St	
	City, State MIAMI, FL 33157	
	PS Form	lions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? Yes
Article Addressed to:	If YES, enter delivery address below:
AIRS ID#02507322 nd Cert 05 VOGUE: HR CLEANERS 9877 SW:1184 St	
MIAME, FL 33157	3. Service Type Certified Mall Express Mall Registered Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label)	\$51/0(000 <u>2</u> (3935) 3134
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES NO DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATICAL 5510

TALLAHASSEE, FLORIDA 32399-2400

2333/2400

958	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
_	For delivery informa	ation visit ou	website	at www.usps.com _®
1744	OFF	ICI	AL	USE_
	Postage	\$		
土	Certified Fee			
1000	Return Reciept Fee (Endorsement Required)			Postmark Here
	Restricted Delivery Fee (Endorsement Required)			
05	Total Postage & Fee	¢.		
7003	AIRS ID# 250732 1stC VOGUE 1 HR CLEANERS Siried, Api. No.; 9877, SW 18* St or PO Box No. City, State, ZiP+4 AIRS ID# 250732 1stC VOGUE 1 HR CLEANERS MIAMI, FL 33157			
	PS Form 3800, Jul	anka ne seria any a	Charles of the State of the Sta	and the second section of the second section (second section of the second second section second section section second section sectio

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature Agent Addressee B. Received by (Rifeted Name) C. Date of Delivery 28/3005 D. Is delivery address different from item 1? Yes	
1. Article Addressed to:	If YES, enter delivery address below:	
AIRS ID# 250732 1stC VOGUE 1 HR CLEANERS 9877 SW 184 St		
MIAMI, FL 33157	3. Service Type Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label)		
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540	

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MUDILL
DEPT. OF ENVIRONMENTAL.
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 3239912400 CF/VFD DARM/MOBILE SOURCE CONTROL PROGRAM

Sureau of Arrayonitorin.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X
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OSCAR SARMIENTO VOGUE 1 HR CLEANERS	and the second s
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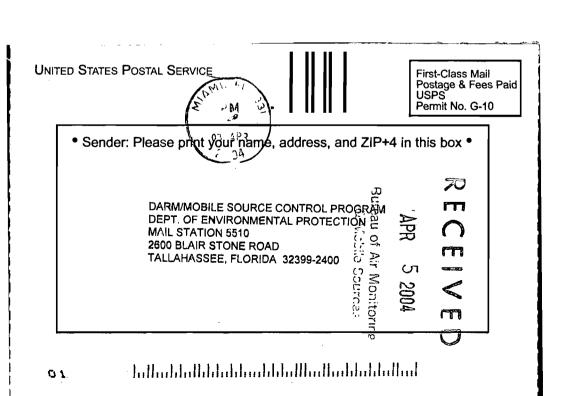
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	PS Form 3800, June 2002 See Reverse for Instruction	s į

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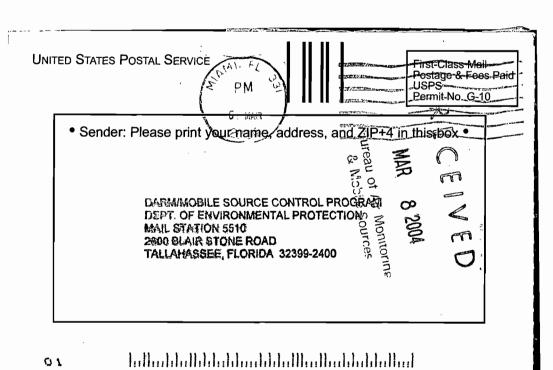
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j	Street USCAR SARMIENTO	
	or PO 9877 SW 184 ST	
모	City,: MIAMI, FL 33157	
	PS Form 3800; January 2001, See Reverse for Instructions	·

SENDER: COMPLETE THIS SECTION	COMFLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature A. Signature A. Agent Addresse B. Received by (Frinted Name) C. Date of Deliver D. Is delivery address different from item 12 Yes
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MIAMI, FL 33157	☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ C.O.D.
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0.500	Restricted Delivery Fee (Endorsement Required)	AIRS ID # 250732
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	PS Form 3800, June 20	02 See Reverse for Instructions

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signfature X	
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2. Article Number		
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540		



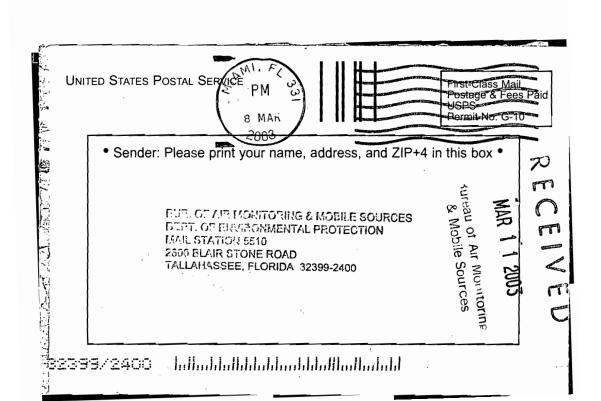
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THORE SHIOL SECTION SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

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Do NOT Remove Label

33157

AIRS ID#0250732

VOGUE I HR CLEANERS

OSCAR A SARMHENTO MACTHA LOPE Z

9877 SW 184 ST

MIAMI FL

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

Barry's Cleaner's 10 South Royal Poinciana Blod Miami Springs F133166



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00



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VOGUE I HR CLEANERS

SEAR A SARMIENTO ALEX LOPEZ
9877 SW 184 ST
MIAMI FL
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FOR GOVERNMENT USE ONLY

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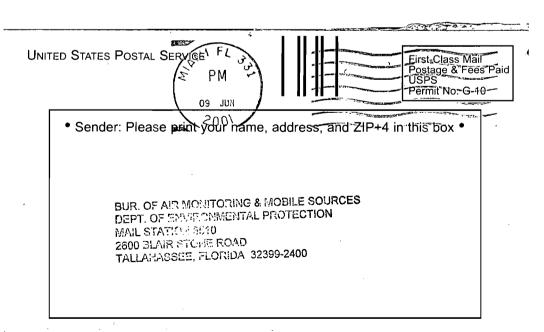
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<u>·</u>	4. Restricted Delivery? (Extra Fee) Yes
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9877 SW 184 ST MIAMI FL 33157	3. Service Type Certified Mail
2. Article Number (Copy from service label)	1126 6404
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9877 SW 184 ST MIAMI FL 33157	3. Service Type Certified Mail
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MIAMI FL 33157

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50,00

AIRS ID # 0250732 **VOGUE 1 HR CLEANERS** OSCAR A SARMIENTO 9877 SW 184 ST

Do NOT Remove Label

GOVERNMENT USE ONLY :: 37550101000 EO: A1

nd 20-2-035001 Obi.: 002273

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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

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TOTAL AMOUNT DUE: \$50.00

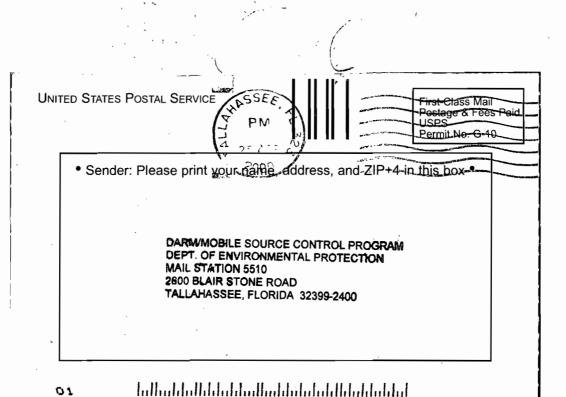
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AIRS ID # 0250732

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Z210 663 130	4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-99-M-1789





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

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TOTAL AMOUNT DUE: \$50.00

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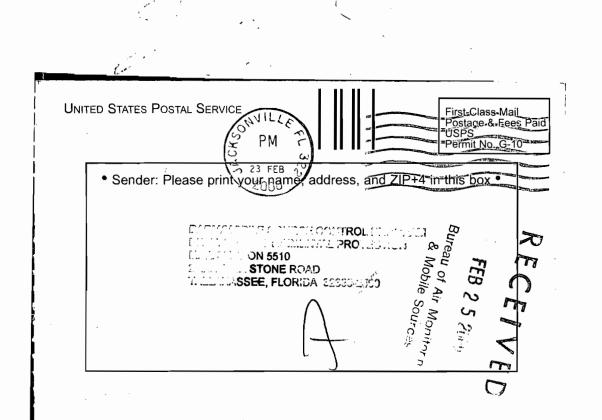
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FOR GOVERNMENT USE ONLY

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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) A. Received by (Please Print Clearly) B. Date of Delivery A. A. Received by (Please Print Clearly) B. Date of Delivery Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
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	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
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